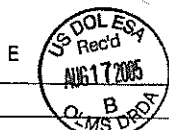


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11402</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>Charlie A McGraw</u> P.O. Box, Bldg., Room No., if any <u>Suite 5-E</u> Street <u>848 West Bantlett Rd</u> City <u>Bantlett</u> State <u>IL</u> ZIP Code + 4 <u>60103</u>	4. Name, file number, and address of labor organization. Name <u>Brotherhood of Railroad Signalmen</u> Labor Organization File Number <u>000-167</u> P.O. Box, Building and Room Number, if any Street <u>917 Shenandoah Shores Rd</u> City <u>Front Royal</u> State <u>VA</u> ZIP Code + 4 <u>22630</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Charlie A McGraw</u>	On <u>8/15/05</u> <u>630-289-0024</u> Date Telephone Number

Name of Person Filing <u>Charlie Amos</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>United Healthcare</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>450 Columbus Blvd</u></p> <p>City <u>Hartford</u></p> <p>State <u>CT</u> ZIP Code + 4 <u>06103</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>National Carrier Conference Committee</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1901 L Street NW</u></p> <p>City <u>Washington</u></p> <p>State <u>DC</u> ZIP Code + 4 <u>20036</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides administration of National Health Care plan for R.R. Employees</u> <u>Plan Cost unknown!</u></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><u>in Normal course of Business on yearly bases following meetings provides golf outing to R.R. Management / Labor & Insurance employees.</u></p> <p>12.b. Amount. <u>659.12</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>